State of New Jersey
Department of Law and Public Safety
Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183
Trenton, New Jersey 08625-0183
(609) 826-7100

Confidential Report of an Incident Related to Anesthesia Services (Per N.J.A.C. 13:35-4A.5)

The New Jersey State Board of Medical Examiners requires the reporting of : (1) **All** deaths in anesthetizing locations, and (2) all events related to surgery, special procedures or anesthesia services and occurring within 48 hours of surgery, special procedure or anesthesia services which result in transport of the patient to the hospital for observation or treatment for a period in excess of 24 hours or which result in other complications or untoward events including but not limited to paralysis, nerve injury, malignant hyperthermia, seizures, myocardial infarction, renal failure, significant cardiac events, respiratory arrest, aspiration of gastric contents, cerebral vascular accident, transfusion reaction, pneumothorax, or allergic reaction to anesthesia. Reporting does not presume that anesthesia was the cause of the incident. This report should be made by telephone within 24 hours (609-826-7100 during normal business hours); **And** must be in writing within 7 days, by the practitioner/anesthesiologist (if present). This information will be used for official board purposes only and will not be made available to the public.

Type or print legibly.

1. Name and address of professional practice/office

2. Date of incident

3. Date of telephone notification

Section I - Patient Data

4. Name of patient (Last, First, Middle initial)

5. Age

6. Sex ☐ Male ☐ Female

7. Preprocedure diagnosis

8. Date of service

9. Medical record number

10. Name of procedure

11. Preoperative status of patient

12. ASA physical status classification

☐ ASA I ☐ ASA II ☐ ASA III (conscious sedation only)

Section II - Information on Incident

13. Complication or untoward event occurring within 48 hours of anesthesia services **(Check all that apply)**

01 ☐	Death during operation	06 ☐	Malignant hyperthermia	13 ☐	Cerebral vascular accident
02 ☐	Death within 24 hours after operation	07 ☐	Seizures	14 ☐	Transfusion reaction
		08 ☐	Myocardial infarction	15 ☐	Pneumothorax
03 ☐	Death within 24-48 hours after operation	09 ☐	Renal failure	16 ☐	Hospitalization for more than 24 hours for observation or treatment
		10 ☐	Cardiac arrest		
04 ☐	Paralysis	11 ☐	Respiratory arrest	17 ☐	Other (describe):
05 ☐	Nerve injury	12 ☐	Aspiration		_____

14. Condition of the patient at the end of the procedure

1 ☐ Good 2 ☐ Fair 3 ☐ Poor 4 ☐ Expired 5 ☐ Other

15. Summary of the complication(s) or untoward event(s) and a clinical evaluation of the cause of the complication(s) or untoward event(s)

Continued on _____ (number) additional sheet(s).

16. Autopsy performed
1 ☐ Yes
2 ☐ No

17. Anesthetizing location

1 ☐ Operating suite 3 ☐ Psychiatry 5 ☐ Other: _____
2 ☐ Endoscopy suite 4 ☐ Radiology _____

17a. Where did the incident occur?

1 ☐ Anesthetizing location
2 ☐ Recovery area
3 ☐ Other: _____

Section III - Information on Anesthesia Services Procedure/Personnel

18. Provide information on the following personnel

A. Surgery or procedure:

_____
Physician's name

_____
License number

(1) Is this physician board certified?
☐ Yes ☐ No

(2) Was there an assistant?
☐ Yes ☐ No

B. Anesthesia administered by

_____
Name

_____
License number

(1) Credentials:
1 ☐ Anesthesiologist
2 ☐ Anesthesiologist, Board Certified
3 ☐ CRNA
4 ☐ Physician credentialed by the hospital
5 ☐ Physician credentialed by the State Board of Medical Examiners
6 ☐ Other

(2) Was a supplemental dose administered by a separate individual? ☐ Yes ☐ No

C. Patient monitored by

_____
Name

_____
License number

(1) Credentials:
1 ☐ Anesthesiologist
2 ☐ CRNA
3 ☐ Physician credentialed by the hospital
4 ☐ Physician credentialed by the State Board of Medical Examiners
5 ☐ Registered nurse, ACLS certified

(2) Was the individual continuously present for the primary purpose of monitoring the anesthesia in accordance with N.J.A.C.13:35-4A.8, 13:35-4A.9 and 13:35-4A.10?
☐ Yes ☐ No

D. Administration/monitoring supervised by

_____
Name

_____
License number

(1) Credentials:
1 ☐ Anesthesiologist
2 ☐ Physician credentialed by hospital
3 ☐ Physician credentialed by the State Board of Medical Examiners
4 ☐ Other physician

(2) Was the supervising physician immediately available in accordance with N.J.A.C. 13:35-4A.8, 13:35-4A.9 and 13:35-4A.10? ☐ Yes ☐ No

19. Anesthetic technique (**Check all that apply**)

1 ☐ Spinal
2 ☐ Epidural
3 ☐ Major conduction block
4 ☐ Minor conduction block
5 ☐ Conscious sedation
6 ☐ General anesthesia with mask
7 ☐ General anesthesia with intubation
8 ☐ Oxygen only
9 ☐ Other (specify): _____

20. Anesthetic agent(s) utilized

_____
_____
_____

21. Monitors in use during the administration of anesthesia (**Check all that apply**)

01 ☐ Pulse oximeter
02 ☐ End-tidal CO_2
03 ☐ EKG
04 ☐ Temperature
05 ☐ O_2 analyzer
06 ☐ Respirometer
07 ☐ Blood pressure cuff
08 ☐ Blood pressure arterial line
09 ☐ Central venous pressure
10 ☐ Swan Ganz catheter
11 ☐ Stethoscope
12 ☐ Peripheral nerve stimulator
13 ☐ Other (specify): _____

22. Was there an equipment malfunction during the administration of anesthesia? ☐ Yes ☐ No
If "Yes," please describe on a separate sheet of paper.

If "Yes," when was the equipment last inspected before the incident? Date: _____ Time: _____

23. Name of the individual completing the report

24. Name of the practitioner/anesthesiologist (if present)

25. Signature

26. Telephone number
(include area code)
( )

27. Date